

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

January 2018

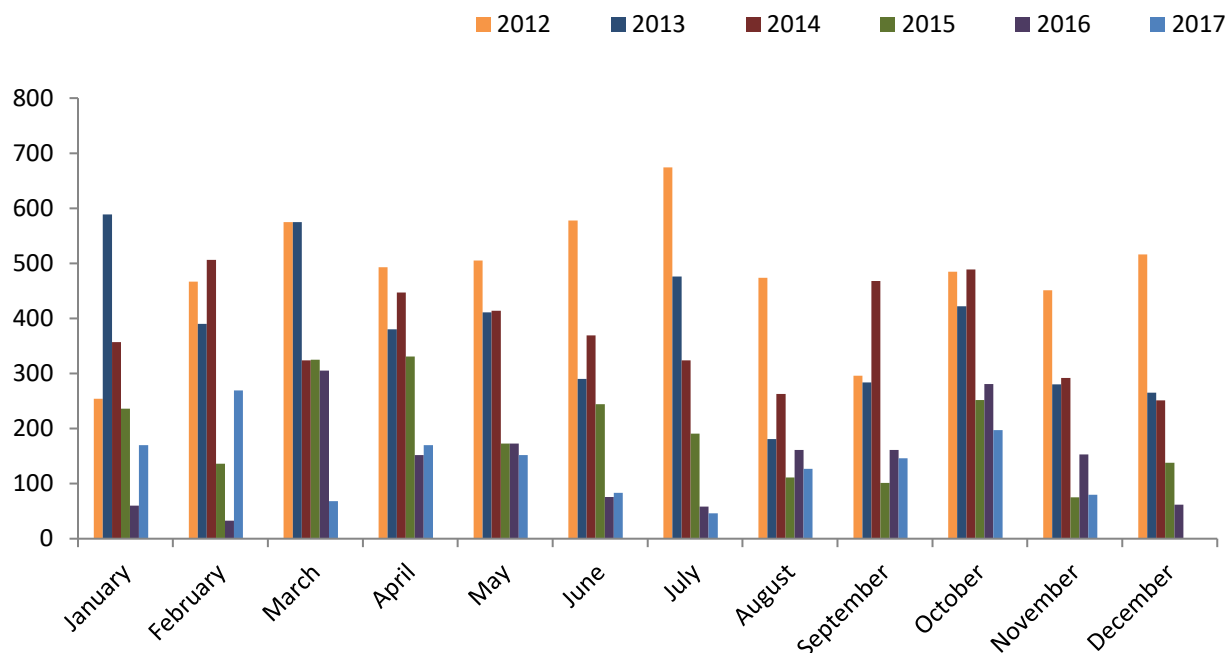
EXECUTIVE DIRECTION

Maryland Trauma Physician Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$74,866** for the month of November. The monthly payments for uncompensated care claims from January 2012 through November 2017 are shown below in Figure 1.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2017



Annual Maryland Trauma Physician Services Fund Report to the Maryland General Assembly

The Commission's *Report to the Maryland General Assembly for FY 2017* was sent to the Governor's Office, Chairman Middleton, Chairwoman Pendergrass, and Secretary Schrader on November 27, 2017.

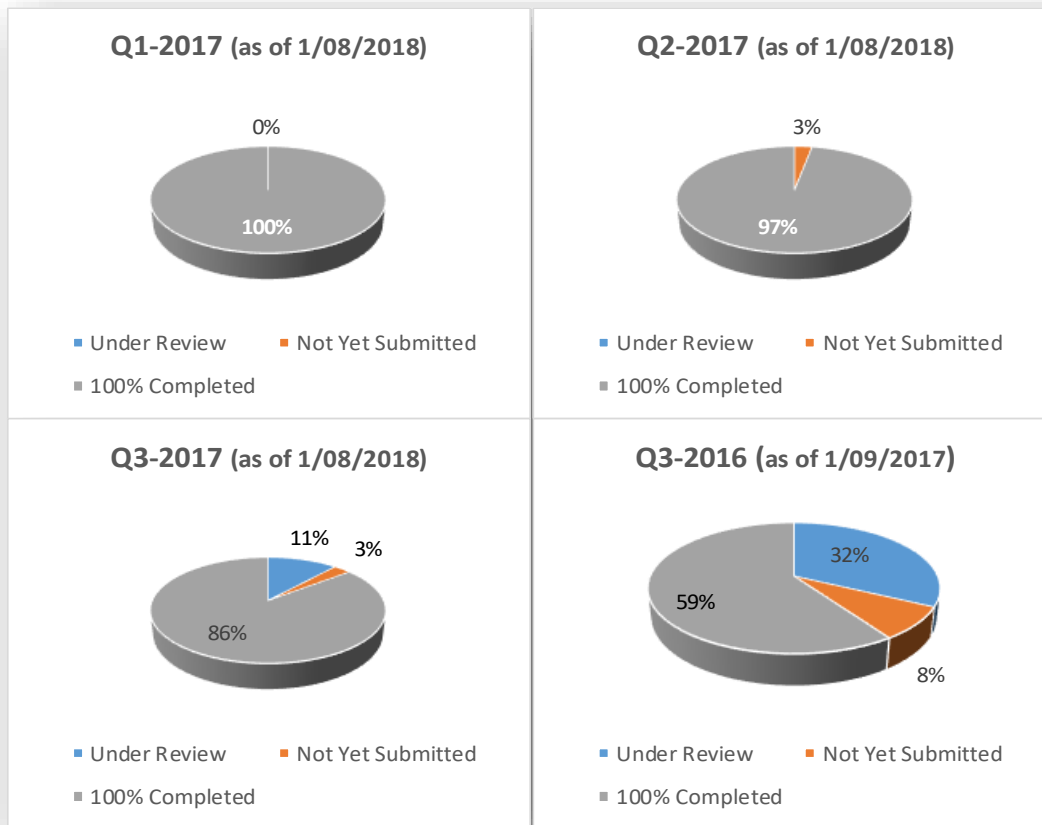
CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support

Despite some data quality setbacks, payors continue to report data to the MCDB Portal at a faster rate with fewer errors for 2017 than a year ago

Despite some data quality issues, payors continue to submit data to the MCDB portal at a faster rate with fewer mistakes for 2017 than a year ago. For example, for quarter 3, 2017 (Q3-2017), 86% of all payors have submitted clean data to the MCDB compared to 59% (Q3-2016) at the same time last year. 11% of all payors data are under review for Q3-2017 compared to 32% a year ago. Only one payor (new) has not yet reported data to the MCDB for Q3-2017. This payor registered to report data to the MCDB portal mid-year 2017. Please see exhibit below.



2018 MCDB Data Submission Manual All Payor Meeting

MHCC staff along with SSS held an all payor meeting on 1/11/2018 to discuss changes in the 2018 Data Submission Manual.

Staff and SSS facilitated an all payor meeting to discuss changes to data submission manual and to thank payors for their partnership and due diligence in reporting data to the MCDB at a faster rate with fewer errors

for 2017 compared to past periods. We also discussed the following data use cases with payors. (i) Price transparency including the ***Wear the Cost*** initiative, (ii) Support for Maryland's All-Payer Model, (iii) Support for the MIA rate review process, and (iv) Annual Privately Fully-Insured Spending Report to name a few.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff file the request for new year Medicare files, amended data use agreements, evaluated one DC inpatient data request, and gathered quarterly reporting from data recipients. Activities included: finalized the order for Medicare files for 2015/2016 along with the addition of files needed for the Medicaid Administration and made arrangements for them to get the remainder of the 2015 Medicare files; amended the Altarum data use agreement to add access for 2016 commercial and 2013-2016 Medicare data; amended the data use agreement with Hilltop for the Maryland Health Benefits Exchange reinsurance study so that they can use only the 2015 APCD since the MHBE decided to forgo the 2016 due to the expense; evaluated a DC inpatient data request from a graduate student at Wharton and working through data security issues with the request; reviewed outstanding items identified by CMS ResDAC on our 2015/2016 Medicare request and determined actions that need to be taken; corralled the quarterly reports due from data recipients.

Data Processing and Tech Support

The Data Staff provided support for mapping, website analytics, web application review and feedback, put out end of year bid boards, renewals and procurements. Support included: generation of google analytics for the pricing transparency site; summarizing blog improvements for the ***Wear the Cost*** website and participating in meetings with website and data warehouse contractors; writing up and putting out a bid board for web hosting; working with the network and budget staff to get the SAS software procurement approved; preparing staff performance appraisals and updating required position descriptions; performing maintenance on the AMA CPT code files; processing the Tableau software license renewal; assisting the CON staff with map boundary file processing for new sub-regions; assisting the Minimum Data Set vendor with SAS to excel conversion issues; processing CathPCI data; re-processing the 2015 DC inpatient data with updated procedure codes and a new rehab flag and notifying all approved recipients that the updated file is ready for download; assisting the budget staff with trauma fund processing; assisting network staff with staff server access over the holidays.

Web Applications

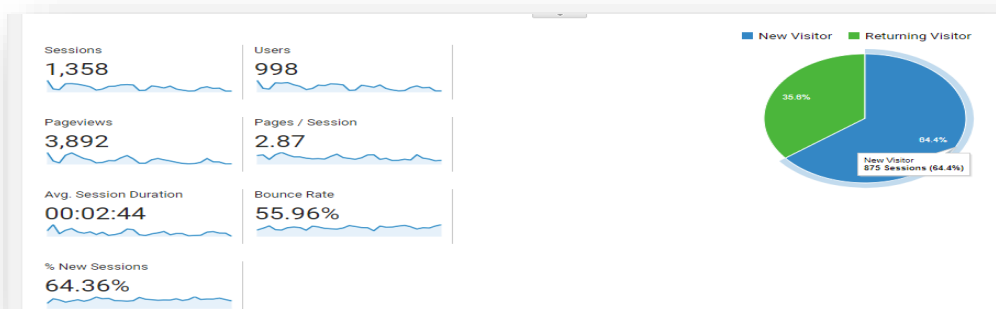
Data Staff made website and health care facility survey updates. Web application activities included: assisting various MHCC staff with website updates; performing end of year and new year maintenance on the meetings page; performing daily ambulatory surgery survey downloads into the local Access database and assisting survey users with logins.

On the **Home Health Survey** Data Staff set up beta tester accounts, resolved problems identified during testing, generated notice letters with account info, added a ICD 9 and ICD 10 code comparison table, and created an animated GIF video of how to activate the survey.

On the **Hospice Survey**, Data Staff conducted a review of the data and modified variables in the web application and the database to ensure consistency with previous years, and made modifications per the project manager in several survey sections and updated the database documentation.

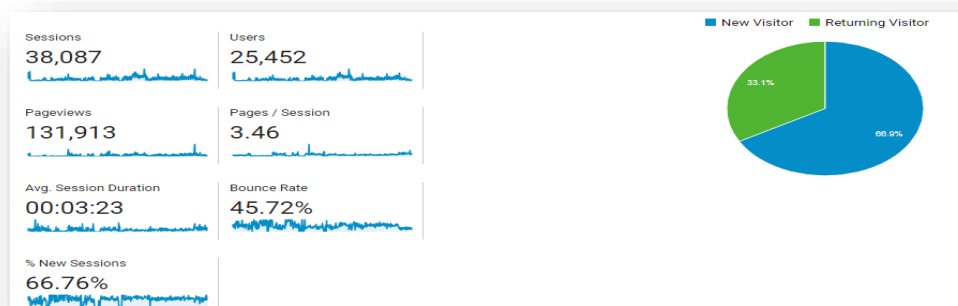
Internet Activities

Data from Google Analytics for the month of December 2017

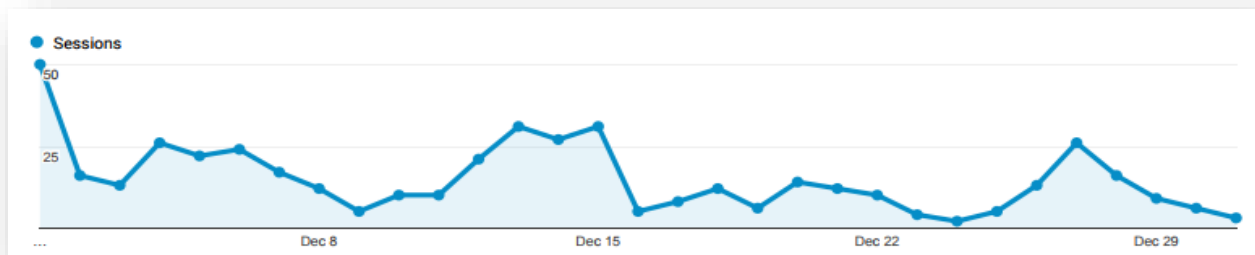


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the MHCC website for the month of December 2017 was 1,358 and of these, there were 64.36% new sessions. The average time on the site was 2:44 minutes. Bounce rate of 55.96% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.
- The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hsrc.state.md.us. Among the most common search keywords in December were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 25,452 users of the consumer site and 131,913 page views. On average 688 users per month have visited the site. About 67% of users are new visitors. In December 2017, the MHCQR site had 466 users and 2,854 page views. This is a decrease from 585 users and 4,451 page views in November 2017.



The average time on the site in December was about 6 minutes, which is similar to the amount spent on the site in November. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



Policy, Cross-Payer & Workforce Analyses– Mahlet ‘Mahi’ Nigatu

Episode of Care project

“Wear the Cost” website 2018 progression plan: Begin with 2015/2016 Commercial data update followed by addition of 2015/2016 episodes in Medicare beneficiaries. The Episode of Care project team is planning to release cost and quality measures based on 2015 and 2016 Commercial Fully insured, and Self-funded Non-ERISA claims data in the second quarter of 2018. This effort is part of the long-term expansion of the consumer-centric, price transparency *Wear the Cost* website that displays healthcare cost and quality of entire episodes of care.

MHCC has approved a statement of work for the S-3 team to modify the website design for presentation of data by different payer sources and multiple years of data. This SOW will enable S-3 and its subcontractor Wowza to develop and implement a redesign of the consumer-centric website to enable seamless inclusion of measures based on additional years of commercial payers data and different population cohorts like Medicare and Medicaid.

Staff met with MedChi representatives to discuss enhancement of the website and ways to improve MedChi’s and other stakeholder’s engagement in future evolvement of the *Wear the Cost* initiative. Based on suggestions offered at this meeting and a prior meeting MHCC staff held with MHA staff and hospital representatives, MHCC will make text and formatting changes and, in some cases, text changes to enable better readability and accessibility to crucial clarifying information. MHCC will also revisit the introductory video currently used on the *Wear the Cost* website for possible revisions suggested by both MedChi and MHA. To efficiently keep MedChi, MHA, HSCRC and other stakeholders informed about what is coming on the website, MHCC will establish a permanent workgroup for the website that will meet bi-monthly to receive updates on our plans and progress regarding the website. The workgroup will include all major stakeholders and consumer representatives and will be limited to 20 persons.

MHCC has approved a statement of work for a public education and awareness campaign developed by Altarum for the *Wear the Cost* website that will cover the next six months. The campaign will include social media posts, social media monitoring, social media advertising, blog posts and tee shirt mailings.

In December, there were 539 sessions and 332 new visitors. This number is expected to go up once the site is updated with 2015/2016 data and also have the functionality to download the episode measures.



Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:

Staff submits final Cycle III report to CCIIO

Staff submitted the final report to CCIIO on the Cycle III grant after successful completion of all milestones. MHCC received almost \$2.9 million dollars over a four-year time period under this CMS/CCIIO grant which allowed staff to establish several significant and permanent changes to how we process APCD data to enhance our rate review and price transparency efforts. Specifically, with this funding, MHCC built an Extract, Transform, and Load (ETL) system to speed up data processing for use by the Maryland Insurance Administration (MIA) in their rate review activities, MHCC staff for our own analyses, and researchers for their analyses. MHCC also created a data warehouse/data mart to facilitate analysis by staff and our contractors. Finally, we built and deployed a web-based application that displays procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty, and geographic location.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.11, General Surgical Services

Staff presented proposed permanent regulations at the December 2017 Commission meeting and its analysis of the formal comments that were received. The Commission approved the adoption of final regulations that will be effective January 15, 2018.

State Health Plan: COMAR 10.24.17

Staff received additional feedback on the ICD-10 codes that should potentially be defined as cardiac surgery in this State Health Plan chapter, as well as feedback on which procedures should count for volume. Staff also worked on developing draft language for specific standards based on feedback received from the Cardiac Services Advisory Committee (CSAC) meeting on November 30, 2017. Another CSAC meeting is scheduled for January 23, 2018. Staff continued to review applications from cardiac surgery programs for Certificates of Ongoing Performance.

Long Term Care Policy and Planning – Linda Cole

Long-Term Care Data/Minimum Data Set (MDS)

During the past month, staff reviewed and discussed issues with the MHCC Long Term Care Survey programs, especially SAS export issues. Staff worked with Hilltop Institute, MHCC's MDS consultant, and SAS technical support to resolve the issues. Staff and Hilltop continue to hold bi-weekly conference calls.

Nursing Home Compare Star Ratings

In preparing for an update of the Nursing Home Chapter of the State Health Plan, staff has been working with staff of the Center for Quality Measurement and Reporting to assess data on CMS star ratings for nursing homes in order to develop standards for nursing home review. A brief update of findings was presented at the December Commission meeting.

Nursing Home Work Group

As an initial step in updating the Nursing Home Chapter of the State Health Plan, staff is convening a Nursing Home Work Group to assist Commission staff in reviewing issues and policies in the regulation of nursing home services. Membership includes representatives of the Health Facilities Association of Maryland, Lifespan Network, Medicaid, the Office of Health Care Quality, and a consumer representative. The first meeting of the Work Group will be held on January 30, 2017.

Chronic Hospital Occupancy Report

Commission staff has developed the Chronic Hospital Occupancy Report for FY 2016. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on the number of chronic hospital beds, patient days, and average annual bed occupancy for both private and state-operated chronic hospitals. The Chronic Hospital Occupancy Report for FY 2016 was published in the December 22nd issue of the *Maryland Register* and is posted on the Commission's website. It can be accessed at the following link:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/CHCF_LTC_Chronic_Hospital_Occupancy_Report_2016.pdf

Home Health Survey

The FY 2015 Home Health Survey data collection period started on November 27, 2017 and will end on January 25, 2018. Staff conducted a Webinar training on December 18, 2017 and received positive feedback from the participating agencies. Currently, 70% of the agency responses are in progress and 3% have submitted the survey. The 15-Day Reminder Notice will be sent via the survey application (email) on January 10, 2017. The Survey due date is January 25, 2018.

Long Term Care Survey

Staff is working with Hilltop by providing guidance for the Long Term Care Survey programs to be updated and reports to be generated.

Certificate of Need – Kevin McDonald

CONs Approved

Coastal Hospice, Inc. – (Talbot County) – Docket No. 17-22-2404

Capital expenditure to establish a 12-bed hospice house and outreach center.

Proposed Cost: \$7,998,114

Changes in Approved CONs

Recovery Centers of America - Bracebridge – (Cecil County) – Docket No. 15-07-2363

Increase in the approved cost of the project.

Cost Increase: \$1,793,198

New Approved Total Cost: \$7,388,582

Recovery Centers of America - Waldorf – (Charles County) – Docket No. 15-08-2362

Increase in the approved cost of the project.

Cost Increase: \$6,070,590.

New Approved Total Cost: \$16,783,294

CON Letters of Intent

Johns Hopkins Bayview Medical Center – (Baltimore City)

Capital expenditure for construction of a new building. New building space will be used for replacement of neonatal intensive care unit facilities, obstetric facilities, burn intensive care facilities, and surgical facilities

University of Maryland St. Joseph Medical Center (Baltimore County)

Capital expenditure for renovation of existing hospital space. The renovated space will be used for replacement of surgical facilities, sterile equipment processing and sterile supply space, cardiac catheterization laboratory facilities, and an interventional radiology suite.

Determinations of Coverage

- **Ambulatory Surgery Centers**

ASC Development Company – (Prince George’s County)

Renovation of the physical plant of this surgery center located at 16900 Science Drive, Suite 100 to convert space occupied by a non-sterile procedure room into a utility room.

Plastic Surgery Specialists, PC – (Anne Arundel County)

Addition of two physicians to the practicing staff of this surgery center.

- **Acquisition/Change of Ownership**

Reeder’s Memorial Home – (Washington County)

Acquisition of the real estate and CON bed rights of Reeder’s Memorial Home, a comprehensive care facility (CCF) by South Mountain SNF Realty, LLC.

Purchase Price: \$14,678,610

Lions Center for Rehabilitation and Extended Care – (Allegany County)

An organizational restructuring of the Nursing Home Board of Allegany County d/b/a The Lions Center for Rehabilitation & Extended Care, a CCF, that assigns the present ground lease to The Lions Center for Rehabilitation & Extended Care, Inc.

Frostburg Village Nursing Home – (Allegany County)

Acquisition of the real estate and CON bed rights of Frostburg Village, a CCF, by Frostburg SNF Realty, LLC.

Purchase Price: \$19,170,718

- **Licensure**

- **Delicensure of Bed Capacity or a Health Care Facility**

Calvert Memorial Hospital – (Calvert County)

Temporary delicensure of all 18 transitional care unit (CCF) beds at the hospital.

- **Relicensure of Bed Capacity or a Health Care Facility**

Chesapeake Shores – (St. Mary’s County)

Relicensure of eight temporarily delicensed CCF beds.

Signature Healthcare at Mallard Bay – (Dorchester County)

Relicensure of 25 temporarily delicensed CCF beds.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Advance Directives Services State Recognition Program – Regulations

Proposed regulations, COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service*, were posted in the Maryland Register on December 22nd. The MHCC received approval of its exemption request submitted to the Governor in October. The regulations outline program procedures for State Recognition, which is a prerequisite for connecting to the State-Designated Health Information Exchange (HIE). Staff will present the regulations for final action in February.

Hospital Health Information Technology Assessment

Development of the Maryland hospitals annual health information technology (health IT) report is underway. Findings will detail hospitals' health IT adoption progress and strategic priorities for telehealth and data analytics, among other things. The report is targeted for release in February.

Health Care Data Breach Assessment

Staff released an information brief (brief) that covers trends in health care data breaches from 2013 to 2016 in Maryland and the nation. The brief supplements the June 2017 brief, *Health Care Data Breaches: A Changing Landscape*.

State Health IT Policy Compendium

Drafting activities are underway for a health IT policy compendium (compendium) framework to support increased diffusion statewide. The compendium will include challenges and propose solutions that can be used by stakeholders to guide decision-making and achieve health IT efficiencies.

Mobile Health Grant

Staff is providing support to mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home, in assessing data on hospitalizations and emergency department visits among project participants. The grantee is determining the impact of mHealth in reducing high cost, high risk clinical utilization among pediatric asthma patients. The grant will continue through March 2018.

Technology Audit – CRISP

During the month, staff provided support to Myers and Stauffer, LLC (MSLC) in assessing the Chesapeake Regional Information System for our Patients (CRISP) progress in completing corrective actions based on the prior technology audit. In collaboration with CRISP and MSLC, planning activities are underway for the upcoming annual technology audit.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grants

The round four grantee, Gilchrist Greater Living (Gilchrist), finalized their grant requirements, and is exploring options for sustaining the telehealth project. Gilchrist monitored homebound geriatric patients with complex needs. Staff is providing support to round three grantees, Gerald Family Care, Associated Black Charities, and Union Hospital of Cecil County, and round four grantee, Gilchrist in developing their project report.

Telehealth Readiness Assessment Tool

Staff is evaluating proposals received in response to a Bid Board notice (under \$50K contract announcement) released in November. A contractor will provide support to staff in developing questions and a scoring methodology for a telehealth readiness assessment tool. Thirteen proposals were received; an award is anticipated over the next 30-days.

Health IT Adoption Assessments

Analysis activities are underway of an environmental scan pertaining to EHR adoption challenges by Maryland comprehensive care facilities (CCF). All CCFs contributed data that will be included in the final report, which is targeted for release in February. Staff is also assessing the progress of the State-Regulated Payor EHR Adoption Incentive Program. Regulations adopted in 2011 required private payors to offer financial incentives to eligible primary care practices through 2018.

ONC Annual Conference 2017

Staff presented as part of a panel at the Office of the National Coordinator (ONC) Annual Conference, *Tackling Barriers to Interoperability and Usability*, in Washington, D.C. Other panelists included representatives from the New York State Department of Health and Michigan Health Information Network.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

Staff continues to support practices participating in the Practice Transformation Network (PTN), which was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS). NJII, in its third year of operations under this grant, partnered with MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative to complete practice transformation activities required by CMS. Over 800 providers and 90 practices in Maryland participate in the PTN.

Maryland Primary Care Program

During the month, staff participated in three Maryland Primary Care Program (MDPCP) stakeholder awareness building events. An information article developed by staff about the MDPCP was published in the Medical Group Management Association (MGMA) monthly newsletter. The MDPCP is currently under review by CMS, a decision to approve the model is anticipated in January.

Patient Family Advisory Council Guidance Document Development

Staff finalized a Bid Board notice seeking a vendor to develop a State-based guidance document for practices that convene a Patient Family Advisory Council (PFAC). PFACs are a supportive strategy for alternative care delivery models where participants apply firsthand knowledge to improving the experiences of other patients and caregivers.

Maryland Multipayor Patient Centered Medical Home Program Shared Savings

Staff, in partnership with the University of Maryland School of Pharmacy, finalized the 2015 Medicaid shared savings calculations using revised Medicaid Managed Care Organization claims files. About 18 practices qualified for Medicaid shared savings payments, which are based on quality, cost and utilization measures. Staff anticipates practice payments to be dispensed in February.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Fifteen social media posts initiated in January

Staff continues to focus on the promotion of the MHCQR website. There were 15 social media posts made or planned in January. Topic posts for January include New Year's health resolutions, the new look of Medicare cards, and general posts about the MHCQR website. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are also designed to link readers back to the MHCQR website.

Visits to MHCQR site declined in December

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 25,452 users of the consumer site and 131,913 page views. In December 2017 the site had 466 users, a decrease from November, with 585 users. The site had 2,854 page views, a decrease from 4,451 page views in November 2017. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

Maryland hospitals assigned Hospital Safety Scores

Hospital safety scores for Maryland hospitals were posted in late October. MHCC continues to provide support to hospitals with questions about the data and this new initiative. To view hospital safety grades, visit <http://www.hospitalsafetygrade.org/>. Staff are preparing for the next release of hospital safety grades in the spring of 2018.

First Website Update of 2018

MHCC staff is preparing for the next update to the MHCC consumer website. This release will include updated hospital quality measures as well as updated data (Jan thru Sept 2017) on inpatient hospital charges for diagnosis related groupings (APR-DRGs). The Center is also working toward the inclusion of the CMS star ratings for Home Health Agencies and Hospice service providers in the upcoming release in February 2018.

Outpatient Quality Initiative – Sebastiana Gianci

The Outpatient Quality Initiative (OQI) staff continues to move forward on the activities identified in the annual work plan. At the January Commission meeting we will present the OQI plan which consists of four work streams.

Collaboration with Provider Industry

In collaboration with the Maryland Ambulatory Surgery Association (MASA), a short feedback exercise was developed to improve upon our understanding of hospital outpatient surgical services and freestanding ambulatory surgery centers (ASC). The survey included question input from four MHCC centers. The ten question survey was distributed to over 100 facilities that are MASA members. We have extended the due date to January 12, 2018. As of January 8, 2018 we currently have 14% of the surveys in.

To continue further our learning, OQI staff conducted on-site visits to outpatient providers. We are planning to assess the dynamics of serving rural populations at Peninsula Hospital Same Day Surgery Department and Union Hospital of Cecil County.

Hospital Quality Initiatives – Courtney Carta

Hospital Initiatives

Healthcare Associated Infections (HAI) Data

HAI Advisory Committee planning for 2018

MHCC staff has planned an interactive quarterly meeting for January. Breaking tradition with only the regular Advisory Committee attending, MHCC will also invite infection preventionists from hospitals to participate and learn from other hospitals about best practices and overcoming obstacles. The first meeting of the year is scheduled for January 24 and the presentations will cover best practices and performance improvement for *Clostridium difficile* (C. diff).

Specialized Cardiac Services Data

Maryland requirements for cardiac registry use will change in 2018

In April 2017 an announcement was made regarding the dissolved relationship between the American College of Cardiology and the American Heart Association in terms of maintaining the joint (ACTION/GWTG) registry. This new development has implications for our cardiac data collection activities because our current regulations require hospital participation in the joint registry. In light of this news, staff worked with MIEMSS, AHA, and ACC to update registry requirements. MHCC has opted to remove ACC NCDR ACTION registry requirements from the regulations. MHCC continues to offer support to hospitals, ACC, AHA, and MIEMSS during this transition period. MHCC will present the proposed change in requirements during the February 2018 Commission meeting.